



Boston University

SCHOOL OF  
SOCIAL WORK



LIBRARY

Gift of

William Keller

Keller  
1947

BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK

A STUDY OF BOYS REFERRED TO THE MEDICAL SOCIAL  
SERVICE DEPARTMENT OF THE BURROUGHS NEWSBOYS  
FOUNDATION 1941-42

A Thesis

Submitted by

William Keller

(B.S. in Ed., New York University, 1941)

In Partial Fulfillment of Requirements for the  
Degree of Master of Science in Social Service

1947



## TABLE OF CONTENTS

CHAPTER	PAGE
I Introduction.....	1
II Early History of the Burroughs Newsboys Foundation.....	5
III The Medical Program of the Burroughs Newsboys Foundation.....	9
IV The Medical Social Service Department.....	13
V Outcome Of Treatment Plans.....	31
VI Conclusions.....	48
VII Bibliography.....	51
VIII Appendix.....	52
IX Agencies Which Cooperated With The Burroughs Newsboys Foundation In Attempting To Aid The Boy With His Referral Problem.....	73
X Outcome Of Treatment Plans.....	77
XI Comparison Of Youngest Boys And Oldest Boys As To Follow-Up Treatment.....	84
XII Comparison Of Boys Of Italian Descent And Of The British Faith As To Follow-Up Treatment.....	88
XIII Comparison Of Boys Referred From The Burroughs Newsboys Foundation Which Received Department And From Boys Referred For The First Time.....	90
XIV Boys Presenting Serious Illnesses.....	92
XV Boys Diagnosed as Being Defective Vision.....	93

Digitized by the Internet Archive  
in 2016 with funding from  
Boston Library Consortium Member Libraries

## TABLES

TABLE	PAGE
I Age Distribution.....	15
II Descent of Boys.....	16
III Medical Record of Boys Examined In Medical Clinic.....	18
IV Diagnoses Of Boys Referred To Social Service From The Medical Clinic.....	19
V Medical Defects Known Or Unknown Prior To Examination In Burroughs Newsboys Foundation Clinic.....	22
VI Methods Employed By Social Worker In Contacting the Boy Or Family Regarding Referral Problem.....	23
VII Other Social Problems Involving Family.....	25
VIII Known Or Unknown To Social Agency.....	27
IX Agencies Which Cooperated With The Burroughs Newsboys Foundation In Attempting To Aid The Boy With His Referral Problem.....	29
X Outcome Of Treatment Plans.....	32
XI Comparison Of Youngest Boys And Oldest Boys As To Follow-Up Treatment.....	34
XII Comparison Of Boys Of Italian Descent And Of The Jewish Faith As To Follow-Up Treatment.....	36
XIII Comparison Of Boys Known Previously To The Burroughs Newsboys Foundation Social Service Department And Those Boys Referred For The First Time.....	38
XIV Boys Presenting Serious Ailments.....	40
XV Boys Diagnosed As Having Defective Vision.....	42



## CHAPTER I

## INTRODUCTION

TABLES  
(Continued)

The Burroughs Newsboys Foundation, a boys' work agency, since its origin has recognized the need for medical examinations of its members.

TABLE	PAGE
XVI Boys Presenting Questionable Abnormalities Of Urinalysis On First Examination.....	44
XVII Comparison Of Boys And/Or Their Families Who Knew Of Their Medical Defects Prior To Examination In The Burroughs Newsboys Foundation Clinic With Those Who Had Not Known Of Such Defects.....	46

and Department for the year 1941-42 indicated that approximately one out of every three boys examined by the doctor was referred to the Medical Social Service Department for follow-up treatment plans.

Dr. Michael M. Davis in the Introduction to his book, Clinics, Hospitals and Health Centers, states the following:

Social work with its many and varied ramifications has discovered and thoroughly demonstrated the important part played by sickness as a cause of poverty and other social maladjustments, and as a factor in their persistence. Many Social agencies not dealing with dependents, such as settlements, churches, and welfare societies of all types, have turned to the clinic for medical examination, advice, supervision, or treatment for their clients.

Further on in his book, Dr. Davis comments again:

Because of these difficulties in securing adequate medical services for their clients, social agencies have often been faced with the alternative of providing their own medical resources for examination and sometimes for treatment, instead of utilizing outpatient departments of hospitals or unattached clinics as their family physician.

The purpose of this study is to determine just how the Department of Medical Social Work fills a need in an organization such as the



## CHAPTER I

## INTRODUCTION

The Burroughs Newsboys Foundation, a boys' work agency, since its origin has recognized the need for medical examinations of its members,

The writer's first field work placement was at the Burroughs Newsboys Foundation in 1941-42. When he left the agency in May 1942, he felt that there were many phases of the Medical Social Work Department which he would like to study in more detail. He was especially stimulated by the fact that the Foundation's Annual Report of the Medical Department for the year 1941-42 indicated that approximately one out of every three boys examined by the doctor was referred to the Medical Social Service Department for follow-up treatment plans.

Dr. Michael M. Davis in the Introduction to his book, Clinics, Hospitals and Health Centers, states the following:

Social work with its many and varied ramifications has discovered and thoroughly demonstrated the important part played by sickness as a cause of poverty and other social maladjustments, and as a factor in their persistence. Many Social agencies not dealing with dependents, such as settlements, churches, and welfare societies of all types, have turned to the clinic for medical examination, advice, supervision, or treatment for their clients.

Further on in his book, Dr. Davis comments again:

Because of these difficulties in securing adequate medical service for their clients, social agencies have often been faced with the alternative of providing their own medical resources for examination and sometimes for treatment, instead of utilizing outpatient departments of hospitals or unattached clinics as their family physician.<sup>1</sup>

The purpose of this study is to determine just how the Department of Medical Social Work fills a need in an organization such as the

---

1 Michael M. Davis, Clinics, Hospitals and Health Centers, p.92



Burroughs Newsboys Foundation which is a boys' work agency, restricting its membership to boys employed in street trades. The writer will attempt to determine the outcome of the treatment plans formulated by the Medical Social Worker during the clinical season of October 1941 through May 1942 inclusive for the boys who were referred from the Medical Clinic.

So far as the writer is able to learn no previous study of such a nature has ever been made. The writer poses the following questions for this study:

1. Is there any significance in any particular age group in its willingness to accept or resist treatment plans formulated by the social worker?
2. Is there any significance in any particular nationality group in its willingness to accept or resist treatment plans formulated by the social worker?
3. In cases where boys were examined previously at the Foundation Clinic, has there been a previous social case history which might indicate the reasons for their willingness to accept or resist treatment plans?
4. What are the diagnoses of the boys referred to the Social Service Department from the Medical Clinic?
5. If defect was known to boy and/or family, are there any significant reasons for their not alleviating the condition previously, or did they follow through the recommendations of the doctor when reminded of this condition again?
6. If defect was unknown to boy and/or family, did they attempt to follow through with treatment plans; or if not, what are their reasons for resistance?
7. How did Social Service function? Which methods are utilized by the social worker?
8. Were there any problems involving the family which might be aided by the social worker?
9. Which agencies cooperated with the Burroughs Newsboys Foundation in attempting treatment plans for the boys?
10. Was the boy or family known to a social agency prior to his examination at the Foundation Clinic? Did this have any



significance in their willingness to accept treatment plans?

11. What were the results of the contacts by the social worker with the boy or family?

The above questions and a schedule which appears in the appendix were formulated on the basis of twenty cases, picked at random.

In gathering the material for the thesis, the writer found the following in the files for the clinical season 1941-42: case records, case summaries, Medical Department records, records listing the number of boys who were referred to the Social Service Department on a given clinical night, records listing the number of boys examined in the Medical clinic for a given clinical night, and in many instances notations by the social worker in some part of the record folder which apparently were not incorporated into the case record or case summary. All the above were utilized by the writer in an attempt to gather all the available data and information possible for that year. The writer was interested mainly in presenting an overall picture of the function of the Medical Social Service Department of the Burroughs Newsboys Foundation.

The 1941-42 Annual Report of the Medical Department lists 242 cases as the total number of referral cases to the Social Service Department. This total figure is from November 1941 through May 1942 inclusive. The first clinical session was held on October 21, 1941 and three more sessions were held during this month. Therefore, the writer's figure of 261 cases is based on the clinical season beginning October 21, 1941. The writer was not concerned with some of the cases that were opened during the clinical season of 1940-41 and were carried into the 1941-42 season. It is only when one of these continued cases was re-examined in the Medical Clinic during the 1941-42 season and



referred to the Social Service Department, that it was counted in the statistics for this study.

Before presenting the statistical findings, the writer will describe the background and history of the Burroughs Newsboys Foundation in order to give a more comprehensive picture of the study.

The membership of the Burroughs Newsboys Foundation was originally restricted to newsboys only. Shortly after, however, it was amended to include "all boys working by dependency on the streets." It is supported by the Community Fund and by private donations. Although the Foundation serves street trades boys particularly, it is a private agency and has no legal jurisdiction over street traders.

Coming to the United States at the age of 12, Harry E. Burroughs was immediately precipitated into the streets faced with the task of earning his own living. As a newsboy he was thrown into contact with various types of people, good and bad, and was often forced by the pressure of circumstances to go about his work improperly fed and clothed and was subjected to all the influences which constant street life naturally tends to exert upon a boy. He lived in the slums surrounded by filth and police and often brutality. He ate his meals, "catch as catch can." He had no place of refinement or quiet in which he could retreat.

Even as a boy Mr. Burroughs realized that his was no exceptional case; that very probably almost all of the boys working on the streets were subjected to the same spiritual and physical deficiencies, the same malignant influences and very probably the same yearning for better

---

<sup>1</sup> George Lodge, A Survey of the Burroughs Newsboys Foundation, a distinguished report made at the Burroughs Newsboys Foundation, Boston, Mass., 1913.



## CHAPTER II

### EARLY HISTORY OF THE BURROUGHS NEWSBOYS FOUNDATION<sup>1</sup>

The Burroughs Newsboys Foundation is located at 10 Somerset Street, on Beacon Hill in Boston. It was founded 15 years ago by a former newsboy, Mr. Harry E. Burroughs. The original charter provided that the membership be restricted to newsboys only. Shortly after, however, it was amended to include "all boys working by necessity on the streets." It is supported by the Community Fund and by private donations. Although the Foundation serves street trades boys particularly, it is a private agency and has no legal jurisdiction over street traders.

Coming to the United States at the age of 12, Harry E. Burroughs was immediately precipitated into the streets faced with the task of earning his own living. As a newsboy he was thrown into contact with various types of people, good and bad, and was often forced by the pressure of circumstances to go about this work improperly fed and clothed and was subjected to all the influences which constant street life naturally tends impose upon a boy. He lived in the slums surrounded by filth and noise and often brutality. He ate his meals, "catch as catch can." He had no place of refinement or quiet to which he could retreat.

Even as a boy Mr. Burroughs realized that his was no exceptional case; that very probably almost all of the boys working on the streets were subjected to the same spiritual and physical deficiencies, the same malignant influences and very probably the same yearning for bodily

---

<sup>1</sup> George Lodgen, A Survey of the Burroughs Newsboys Foundation, a mimeographed report made at the Burroughs Newsboys Foundation, Boston, Mass., 1933



comfort and self-respect which he experienced. Consequently, at an early point in his career, he resolved that if it were possible he would endeavor to make up in part to the newsboy what he himself felt was so woefully lacking in his own life. As a result of this idea, in December of 1927, came the Burroughs Newsboys Foundation, "aiming to bridge the gap between the street life of the newsboy and his future responsibilities."

#### Philosophy and Purpose.

There was a definite philosophy which stimulated the work. It was felt that the boy who works on the street is not devoid of the possibility of experiencing aesthetic feeling, but merely that the sentiment is latent and not satisfied.

These boys had literally been born and brought up in their kitchens, using the living room, (the parlor or front room) if there was one in their homes, only on most special occasions. Quiet surroundings, soft spoken people, pictures, rugs on the floor, books on the shelves were totally foreign to their lives. And yet these were the things it was felt that they craved and for which they had a wholesome respect. To be permitted to use a building so equipped would be the fulfillment of a real desire.

It was the theory of the founder that the impression made upon the boy by his surroundings would have the effect of curbing his developing coarseness, stilling his loudness. It would make the boy more of a gentleman and inculcate in him a respect and admiration for culture which it was hoped he would carry with him into his home and into his future, once the initial impression had been made.

But the crowning point of the plan for carefully selected and refined surroundings had to do with the self-respect of the boy. The



realization that he, coming from the slums, had a right to use these beautiful things, impressed upon him the fact that he was really no worse than others, and helped to do away with the feeling of inferiority and insufficiency which the nature of his trade forced upon him.

Every newsboy, believes Mr. Burroughs, consciously or unconsciously feels inferior to other boys who have opportunities which he is denied, and unless this feeling can be counteracted, diminished or eradicated, it stands as a definite obstacle in the way of his success. It may cause him to feel uncertain of himself in whatever he attempts to do beyond the scope of his regular activities, or it may bring about a definite compensatory reaction in the form of extreme boisterousness, blatancy, and coarseness. In either case whether it evidences itself as a feeling of mental insecurity or as a defense mechanism, it is undesirable. Consequently, by offering to the street trader a place where he could have the opportunities ordinarily denied him, it was felt that to a great degree this would compensate for the deficiency and would inculcate in him the sentiments of gentlemanliness and self-respect.

But the mere giving of a place was insufficient in itself. It was necessary to impress upon the mind of the boy that his was a place exclusively his own and without the connotation of a charitable institution. He was to have more than a license to use; he had to regard it as a part of his own life and property. How was this end to be achieved? In the first place, by making it an organization restricted to boys of his own type, coming from the same social class and employed in the same manner as he was, a feeling of common interest was engendered. In the second place, the name of the organization itself, while partly supporting the first statement, served to impress upon him that



the whole project was backed by one who understood him by virtue of the fact that the founder himself had been subjected to the identical kind of life. Here was no condescending and pitying charity. But instead a sincere "straight from the shoulder" attempt to give him what he was missing.

It was believed that one of the most important reasons for a boy's initiation into anti-social conduct is caused by his desire for approbation and longing for status. If this need for applause can be directed into socially acceptable channels some of his problems will be solved. For that reason the boy is given an opportunity to enlarge his feeling of accomplishment by the presence of vocational and evocational arts which stimulate and give direction to his creative desire. He has the opportunity to receive the applause of others by participation in dramatics, orchestra, arts and crafts, discussion groups and other interests. He need not indulge in petty larceny or breaking and entering to receive the applause of the gang.

The Medical program of the Barroughs Newsboys Foundation as described in the Medical Department Annual Report for 1941-42, may be divided into the following subdivisions: Medical Clinic, Nutrition Department, Foundation Dental Clinic, Harvard Dental School Training Clinic and Health Education Program for Newsboys, Medical and Dental



## CHAPTER III

## THE MEDICAL PROGRAM OF THE BURROUGHS NEWSBOYS FOUNDATION

It goes without saying that health is of vital importance to every one of us. A large number of men and boys were rejected in the draft because of physical condition. This might have been changed to a greater degree if more emphasis had been placed upon preventive and educative aspects of medicine, and the physical condition of young children. The writer is of the opinion that we need to know more about health of our children, and we need to do more about it. This was explained very adequately by Harry E. Burroughs in his book, Boys In Men's Shoes in which he states:

The importance of our work is underlined by the findings of the War Department with regard to men selected for military service. Obviously far too little attention has been paid in the past to the health of children. I am happy to say that we engaged in this health work from the very beginning of the Foundation, and we are delighted that the results are becoming apparent to all. We have sent to every boy who has ever belonged to the Foundation a return post card, on which he is asked to state whether he is in the armed forces and, if not, whether he has been rejected because of physical disabilities. Each boy is also asked to give any information he can about other members or ex-members with whom he is acquainted. These records, which are checked by the investigations of our workers, show that more than 98 per cent of our boys have been accepted as physically fit, although the general average of acceptances throughout the nation is close to 50 per cent. "The work your organization has done is most commendable," writes Major Robert A. Bier of the Medical Division of the Selective Service System in Washington, "and should serve as an example of what might be adopted on a nation-wide scale to insure better physical fitness of our youth."<sup>1</sup>

The Medical program of the Burroughs Newsboys Foundation as described in the Medical Department Annual Report for 1941-42, may be divided into the following subdivisions: Medical Clinic, Nutrition Department, Foundation Dental Clinic, Harvard Dental School Evening Clinic and Health Education Program for Newboys, Medical and Dental

---

<sup>1</sup> Harry E. Burroughs, Boys In Men's Shoes, p. 138



Work at Agassiz Village, and the Medical Social Service Department.

### Medical Clinic

The Medical Clinic is open two evenings a week, at which time 15-20 boys are examined at each clinical session. Each boy has a complete physical examination which includes eye and ear, heart, lungs, and urine examinations, as well as a complete going over by the examining physician. The doctor then advises the boy just what his physical condition is, and if there is need for further study of a particular ailment, the boy is referred to the Social Service Department, or, if he is merely overweight or underweight, he is referred to the Nutrition Department.

### Nutrition Department

The Nutrition Department has continued to function with one particular aim in view;- to acquaint the boys with the importance of proper diet and to stimulate and strengthen their interest in this to the extent that the teaching be carried over to their own lives and improve their physical status. The nutrition worker talks to each boy referred by the doctor about the value of eating good nourishing food, a diet to put on extra weight, or a diet which might control a particular disease from which a boy might be suffering. At the end of each conference with the nutrition worker, crackers and milk are served. Many boys enjoy coming back for more conferences and are interested in learning more than could be taught at the initial visit.

### Foundation Dental Clinic

The Foundation Dental Clinic established as its criterion that "a visit to the Foundation dentist is in vain if the boy leaves the examination without knowing and caring more about his teeth." With this standard in mind, the Clinic not only gives each boy a thorough



oral examination and files a chart of individual mouth conditions, but also gives each member a tooth brush, tooth paste and instruction in their use, tells the boy in his own terms what he should do to improve the condition of his teeth and gives information about the Clinic at the Harvard Dental School where Foundation members can have their dental work done without charge.

#### Harvard Dental School Evening Clinic and Health Education Program for Newsboys

The Annual Report of the Burroughs Newsboys Foundation for 1934-35 states that, "at the suggestion of Dr. Miner, Chairman of the Medical Advisory Board, an evening dental clinic was open for the first time this year at the Harvard Dental School for the benefit of the boys at the Burroughs Newsboys Foundation. With the exception of a registration fee of ten cents (which many were unable to pay) the services rendered were free to members of the Foundation."

The staff of the Harvard Dental School Evening Clinic has always included a health educator. The teaching program emphasizes the relationship of food to dental care - although many other general health topics are discussed as part of this program. These discussions are held while the boys are awaiting treatment at the Clinic.

#### Medical and Dental Work at Agassiz Village

The Burroughs Newboys Foundation maintains a summer camp for its members which is located in West Poland, Maine. This camp, which was made possible through the generosity of Mr. and Mrs. Maximilian Agassiz in 1935, accommodates on the average of one thousand boys during its season of eight weeks.

The boys receive a thorough physical examination at the Foundation Clinic before their arrival at camp, and are re-examined by a camp doctor when they leave at the end of their stay.



A dentist is also maintained on the staff at Agassiz Village.

His main function is to provide minor dental care for the boys during their stay in camp, and he is on twenty-four hour call in emergencies.

#### Medical Social Service Department

As was stated previously in this chapter, the Medical Social Service Department is a subdivision of the Medical Program of the Burroughs Newboys Foundation. A detailed description of its functions will be found in the following chapter in conjunction with the presentation of the statistical study of this department.

Her function is to interpret the medical findings of the examining physician to the boys and their parents and to the outside social agencies who might already know the families of these boys. She follows through these recommendations, and reports upon them to the examining physician. Sometimes these cases are carried on in cooperation with other agencies and sometimes carried on intensively by the medical social worker of the Burroughs Newboys Foundation. It is often necessary to keep a continued interest in these situations referred by the physician and the psychiatrist, for sometimes it is this very perseverance which accomplishes a completion of treatment. Due to this factor, there is a larger number of cases carried over from month to month, than are dealt with completely in a clinic attached to a hospital.

Her function is to interpret the medical findings of the examining physician to the boys and their parents and to the outside social agencies who might already know the families of these boys. She follows through these recommendations, and reports upon them to the examining physician. Sometimes these cases are carried on in cooperation with other agencies and sometimes carried on intensively by the medical social worker of the Burroughs Newboys Foundation. It is often necessary to keep a continued interest in these situations referred by the physician and the psychiatrist, for sometimes it is this very perseverance which accomplishes a completion of treatment. Due to this factor, there is a larger number of cases carried over from month to month, than are dealt with completely in a clinic attached to a hospital.



## CHAPTER IV

## THE MEDICAL SOCIAL SERVICE DEPARTMENT

The Medical Social Service Department has functioned since April 1937. It consists of one medical social worker and a part time clerical worker. The social worker is closely attached to the Medical Clinic, which is held twice a week from seven to nine o'clock in the evening. It is here that the bulk of cases are referred to the medical social worker for interpretation of medical findings and recommendations to the boys and their parents. The worker is a representative of the Clinic, therefore, and not of the entire Foundation. An occasional case is referred to the medical social worker from within the Foundation, but this is the exception, since the medical social worker has purposely limited her services to the Clinic in order that she might concentrate on those problems concerned with health.

Her function is to interpret the medical findings of the examining physician to the boys and their parents and to the outside social agencies who might already know the families of these boys. She follows through these recommendations, and reports upon them to the examining physician. Sometimes these cases are carried on in cooperation with other agencies and sometimes carried on intensively by the medical social worker of the Burroughs Newsboys Foundation. It is often necessary to keep a continued interest in these situations referred by the physician and the nutritionist, for sometimes it is this very perseverance which accomplishes a completion of treatment. Due to this factor, there is a larger number of cases carried over from month to month, than one would find ordinarily in a clinic attached to a hospital.



In reviewing the months of October 1941 through May 1942 inclusive, one finds that of the 719 examinations given in the Medical Clinic, there were 261 referrals to the Social Service Department.

In this chapter the writer will present the statistical data of the 261 cases which were referred to the medical social worker by the Medical Clinic and which are being studied in this thesis. Of this total 14 cases were eliminated for the following reasons: (1) 5 cases were referred to the Social Service Department for a non-medical problem, (2) in 4 cases no medical records and no case summaries were found, (3) in 3 questionable cardiac cases the findings on a re-check examination were normal, (4) in 1 case, a boy who forgot to bring his glasses for the first examination, was re-examined one week later with his glasses and his vision was found to be normal, (5) 1 boy with a positive urinalysis diagnosis, which was discovered during the last session of the clinical season, was not contacted by the medical social worker. Therefore, the writer will consider 247 cases as the number of cases for study.

The statistics for tables I-IV inclusive were recorded from data found in the medical records; whereas the statistics for tables V-IX inclusive were formulated from the data as recorded in the case records and case summaries. Not counting the 14 cases which were eliminated as not being appropriate to this study, the writer was unable to find 41 case records, although he was able to find a case summary for each of 9 of these cases, leaving a total of 32 cases without any case record and case summary. The writer did not eliminate these 32 cases from his study because the statistics for tables I-IV inclusive could be gathered from the medical records, and the case records or case summaries were not necessary in recording the



data for these four tables. The discrepancies in tables V-IX in the statistics tabulated under the heading of "No Data" are due to the fact that there were other data in the forms of correspondence or notations on scrap paper inside the case folders. This enabled the writer to record the data in the repective tables.

To show the distribution of the boys according to age, descent, medical record, types of defects, their knowledge of the defects, methods employed by the social worker, other social problems of the family, known or unknown to other social agencies, and cooperating agencies, the following tables are presented:

TABLE I  
AGE DISTRIBUTION

Age in Years	Number of Boys
10 - 12	66
13 - 15	134
16 - 18	42
19 - 21	4
Unknown	1
Total	247

It can be readily seen in the above table that the majority of the boys are under sixteen years of age. The reason for this fact may be explained by the following quotation:

In only a few cases are the needs of youth adequately met by existing community programs, which appeal mainly to children under 16 and to adults who have become established in the community.<sup>1</sup>

<sup>1</sup>American Council on Education, A General Report of the American Youth Commission, Youth and the Future, 1942, p.155



TABLE II  
DESCENT OF BOYS

Descent	Number of Boys
Italian	123
Jewish faith (Nationality Unknown)	31
American	23
Irish	15
Polish	6
French	4
Greek	2
Canadian	2
English	2
Albanian	2
Portuguese	1
Ukranian	1
Newfoundlander	1
Norwegian	1
Austrian	1
British West Indian	1
Swedish	1
Spanish	1
Chinese	1
Mixed Foreign Descent*	9
Mixed Native Born**	9
Unknown***	10
Total	247

\* Mixed Foreign Descent includes all boys born from a bond of two foreign nationalities.

\*\* Mixed Native Born includes all boys born from a bond of one native born, and one foreign born parent.

\*\*\* Unknown includes 6 medical records that could not be found and 4 cases where the record did not indicate the nationality of both parents.



Table II indicates that approximately 50 per cent of the boys are of Italian descent; in 13 per cent of the cases the descent was unknown but the parents were of the Jewish faith. The Burroughs Newsboys Foundation is located close to the North End and West End sections of Greater Boston, in which sections there is a greater predominance of Italians and peoples of the Jewish faith. This would seem to explain the greater percentage of these two groupings.

Condition.....	18
No Social History Although News Condition Is.....	
Noted on Medical Record.....	3
No Medical Record.....	
Total	21

The above table indicates that 136 boys were examined in the Burroughs Newsboys Foundation Medical Clinic for the first time, whereas 106 boys had been examined previously in the Foundation Clinic. Of these 106 boys, 51 had no previous contact with the Foundation's Social Service Department because of normal medical findings, 18 had been known to the Social Service Department for the same referral condition or conditions which had been diagnosed previously, 15 had been known to the Social Service Department for a condition or conditions that were different from those now diagnosed in the Medical Clinic, in 3 cases the boys were not known to the Social Service Department - although the same condition now diagnosed was noted on their medical records. Of the 3 remaining cases, no medical records could be found.



TABLE III

## MEDICAL RECORD OF BOYS EXAMINED IN MEDICAL CLINIC

Medical Record	Number of Boys
First Examination.....	136
Previous Examination.....	106
No Social History.....	61
A Social History On Same Referral Condition...	18
A Social History But Not For Same Referral Condition.....	18
No Social History Although Same Condition Is Noted on Medical Record.....	9
No Medical Record.....	5
Total	<u>247</u>

The above table indicates that 136 boys were examined in the Burroughs Newsboys Foundation Medical Clinic for the first time, whereas 106 boys had been examined previously in the Foundation Clinic. Of these 106 boys, 61 had no previous contact with the Foundation's Social Service Department because of normal medical findings, 18 had been known to the Social Service Department for the same referral condition or conditions which had been diagnosed previously, 18 had been known to the Social Service Department for a condition or conditions that were different from those now diagnosed in the Medical Clinic, in 9 cases the boys were not known to the Social Service Department - although the same condition now diagnosed was noted on their medical records. Of the 5 remaining cases, no medical records could be found.



TABLE IV

DIAGNOSES OF BOYS REFERRED TO SOCIAL SERVICE FROM THE  
MEDICAL CLINIC

ALLERGY

Allergic Rhinitis - 1  
Asthma, Chronic - 2

CARDIAC

General Cardiac - 11  
Rheumatic Heart Disease - 5

Dermatology

Skin Condition & Rash - 4  
Ringworm - 1  
Verruca Plana Juvenilis - 1  
Nevus, Pigmented - 2  
Acne - 12  
Warts - 1  
Contagious Skin Condition - 3  
Epidermophytosis - 2  
Scabies - 1  
Herpes Simplex - 1

EAR

Impaired Hearing - 5  
Otitis Media - 3

ENDOCRINE

Infantile Genitalia - 3  
Hypogonadism - 1  
? Froehlich's Syndrome - 2  
Recheck on Height - 1  
Obesity (Endocrine Origin) - 4  
Undescended Testicles - 9  
Mastitis of Puberty - 1

EYE

Alternating Strabismus - 2  
Internal Strabismus - 1  
Marginal Blepharitis - 2  
Defective Vision - 109  
Blind One Eye - 1

GENITO-URINARY

Phimosis - 10

NOSE

Nasal obstruction - 6  
Deviated Septum - 5



TABLE IV (CONTINUED)

THROAT

Cervical Adenitis - 1  
 Diseased Tonsils & Adenoids - 14  
 Pharyngitis - 1

MEDICAL

\* Albuminuria - 41  
 Diabetes - 1  
 Chronic Bronchitis - 1  
 Migrain Headaches - 1  
 \* Glycosuria - 10  
 Suspected Lead Colic - 1  
 Sinusitis - 2  
 Tuberculosis Suspect - 1  
 Moderate Hypertension - 1  
 ? Rheumatic Fever - 3  
 Coryza - 1  
 Pallor - 1  
 Malnutrition - 2

SURGICAL

Fractures - 2  
 Hernia - 6  
 Relaxed Ring - 2  
 Varicocele - 6

MISCELLANEOUS

Swelling about Elbow Joints - 1  
 ? Epilepsy - 1  
 \*\*Flat Feet - 15  
 \*\*Faulty Posture - 30  
 \*\*Mentally Retarded - 4  
 Enlarged Spleen - 1  
 Lymphadenopathy - 1  
 Scoliosis - 1  
 \*\*Defective Teeth - 3  
 General Physical Condition - 3  
 Check on Blood Count - 2  
 \*\*Underweight - 9  
 \*\*Obesity - 7

\* These cases were referred for a recheck because there was a question of abnormality of urinalysis on first examination.

\*\* These conditions were not deemed of sufficient importance to be referred to the Medical Social Worker by themselves, but only in conjunction with another diagnosis.

<sup>2</sup> Adrian V.S. Lambert, *A Dermalogy of Disease*, New York, Mosby, 1926, 3rd Edition revised.



The preceding table lists the various diagnoses of the 247 boys referred to the Medical Social Worker by the doctor. The total number of diagnoses is not equivalent to the total number of boys since, in many cases, the boys were referred for more than one ailment. Defective vision was the cause of referral in an overwhelming number of cases - 109.

The principal of classification for this table is a practical one, based upon the 1941 Annual Medical Report of the Burroughs Newsboys Foundation, rather than according to any of the theories of medical nomenclature. In general, the assignment of any special condition was listed under miscellaneous and was not determined by the use of Lambert's System,<sup>2</sup> because the writer did not think that such a precise subdivision was necessary for this type of study.

---

<sup>2</sup> Adrian V.S. Lambert, A Terminology of Disease, New York, Hoeber, 1926, 3rd Edition revised.



TABLE V

MEDICAL DEFECTS KNOWN OR UNKNOWN PRIOR TO EXAMINATION IN  
BURROUGHS NEWSBOYS FOUNDATION CLINIC

Knowledge of Defect by Boy or Family	Number of Boys
Defect or Defects Known	79
Defect or Defects Unknown	13
Knew About One or More Defects - Not All	11
Not Indicated by Record	123
No Data	21
Total	<u>247</u>

The above table indicates that of this group, 79 boys and/or their families knew of their defect or defects at the time they were diagnosed at the Medical Clinic, 13 boys were not aware of their ailments, whereas 11 boys knew of one defect but not all for which they were referred. In 123 of the cases the records do not indicate whether or not the boys knew of their defects. There were no data in 21 cases.

The two methods most frequently used by the social worker in acquainting the families with the need for carrying out the health recommendations of the doctor were home visits and correspondence.

"One or More Contacts With the Boy" means that the social worker discussed the nature of the medical problem with the boys in the Burroughs Newsboys Foundation.

"Social Agency Contacts Excluding Correspondence" includes visits by the social worker to other agencies, and telephone calls as recorded in the record.

"Any Other Method" includes interpretation of the referral problem by the Burroughs Newsboys Foundation doctor to the boy or to the social worker. Also included is 1 case in which the social worker

TABLE V  
MEDICAL DEFECTS KNOWN OR UNKNOWN PRIOR TO EXAMINATION IN  
BURROUGHS NEWSBOYS FOUNDATION CLINIC

Knowledge of Defect by Boy or Family	Number of Boys
Defect or Defects Known	78
Defect or Defects Unknown	13
Knew About One or More Defects - Not All	11
Not Indicated by Record	123
No Data	21
Total	246

The above table indicates that of this group, 78 boys and/or their families knew of their defect or defects at the time they were diagnosed at the Medical Clinic, 13 boys were not aware of their ailments, whereas 11 boys knew of one defect but not all for which they were referred. In 123 of the cases the records do not indicate whether or not the boys knew of their defects. There were no data in 21 cases.

TABLE VI

METHODS EMPLOYED BY SOCIAL WORKER IN CONTACTING THE BOY OR  
FAMILY REGARDING REFERRAL PROBLEM

Methods	Number of Cases
One or More Home Visits	134
One or More Letters to Family or Social Agency	135
One or More Contacts With Boy	64
Social Agency Contacts Excluding Correspondence	46
One or More Contacts With A Member of the Boy's Family Other Than A Home Visit	19
Record Does Not Give Exact Method	10
None Indicated On Record	10
Any Other Method	11
No Data	32

The above table indicates the types of methods employed by the social worker and does not indicate the number of times each method was employed in each boy's case. The writer, in gathering his material, was mainly interested in the type of contact and not in the number of times the method was employed in each case.

The two methods most frequently used by the social worker in acquainting the families with the need for carrying out the health recommendations of the doctor were home visits and correspondence.

"One or More Contacts With the Boy" means that the social worker discussed the nature of the medical problem with the boys in the Burroughs Newsboys Foundation.

"Social Agency Contacts Excluding Correspondence" includes visits by the social worker to other agencies, and telephone calls as recorded in the record.

"Any Other Method" includes interpretation of the referral problem by the Burroughs Newsboys Foundation doctor to the boy or to the social worker. Also included is 1 case in which the social worker



accompanied a boy to the hospital for his initial visit.

A function of the social worker is to interpret the defects to the boy and/or his family. As would be expected in such a group of boys who are members of the Burroughs Newsboys Foundation, the above two methods of home visits and letter writing would tend to be the most important ones utilized in bringing an awareness of the problem to the boy and/or family and for the suggestion of treatment plans. It would seem that these two methods, if properly utilized, would enhance another function of a Social Service Department, that of education, in that when similar problems arise in the future, the boys and/or their families might follow through on their own initiative.

social worker as a result of her contact with the boy or family at the time of the original medical referral problem of the boy. These other problems were varied ones, but they can be grouped under the two main categories of Medical or Economic, with the class of economic insufficiency in the family as being an example of the latter.

In 145 cases, the majority of cases, there were no other problems involved, or if there were any, the record did not indicate it. In 32 cases, there were no data.

In posing this question in Chapter I, the writer was interested in learning whether or not the social worker recorded any possible recommendations for the follow-up of social problems for the other members of the family, which she found upon her investigation as a result of the original medical referral problem of the boy. Inasmuch as the social worker might have thought it not her function to record these matters, or possibly not have thought working with the other members of the family as falling within her scope as a medical social worker for the Burroughs Newsboys Foundation, the writer was unable to



TABLE VII

## OTHER SOCIAL PROBLEMS INVOLVING FAMILY

Other Problems	Number of Boys
Other Social Problems	70
No Other Problems - Or Record Does Not Indicate Any	145
No Data	32
Total	<u>247</u>

As seen in the above table, there were 70 cases in which there were other social problems involving a member of the boy's family or his entire family. These were brought to the attention of the social worker as a result of her contact with the boy or family at the time of the original medical referral problem of the boy. These other problems were varied ones, but they can be grouped under the two main categories of Medical or Economic, with the claim of economic insufficiency in the family as being an example of the latter.

In 145 cases, the majority of cases, there were no other problems involved, or if there were any, the record did not indicate it. In 32 cases, there were no data.

In posing this question in Chapter I, the writer was interested in learning whether or not the social worker recorded any possible recommendations for the follow-up of social problems for the other members of the family, which she found upon her investigation as a result of the original medical referral problem of the boy. Inasmuch as the social worker might have thought it not her function to record these matters, or possibly not have thought working with the other members of the family as falling within her scope as a medical social worker for the Burroughs Newsboys Foundation, the writer was unable to



present any factual data on this question.

#### BOYS OR FAMILIES KNOWN TO SOCIAL AGENCY

Status of Boy or Family	Number of Cases
Unknown to Social Agency	128
Known to Social Agency	117
Total	245

Of the 245 cases, 128 were recorded as being unknown to social agencies for the following reasons: (a) as determined by the Social Service Index; (b) record did not indicate whether or not the social worker thought it necessary to utilize the Social Service Index; (c) no case summaries and so this information could not be determined.

In 117 cases, the boys or their families were already known to outside social agencies, and this includes 6 cases with no summaries; however, there were other data available to indicate that these 6 cases were known to social agencies.

Regarding the boys or their families who were known to social agencies, the number seems to represent a higher percentage than one would ordinarily expect to find in the general population statistics. It would have been interesting to compare these two groups of "Known" and "Unknown" to social agencies to see how helpful the use of the Social Service Index was to the social worker in formulating treatment plans, when she discovered that a family was known to a social agency. However, this comparison could not be made because the writer had no evidence to indicate that the Social Service Index was utilized in every case.

A question might arise as to whether it is good for more than one agency to work with a boy or a family. Perhaps it could be explained



TABLE VIII

## KNOWN OR UNKNOWN TO SOCIAL AGENCY

Status of Boy or Family	Number of Cases
Unknown to Social Agency	128
Known to Social Agency	119
Total	247

Of the 247 cases, 128 were recorded as being unknown to social agencies for the following reasons: (a) as determined by the Social Service Index, (b) record did not indicate whether or not the social worker thought it necessary to utilize the Social Service Index, (c) no case summaries and so this information could not be determined.

In 119 cases, the boys or their families were already known to outside social agencies, and this includes 6 cases with no summaries; however, there were other data available to indicate that these 6 cases were known to social agencies.

Regarding the boys or their families who were known to social agencies, the number seems to represent a higher percentage than one would ordinarily expect to find in the general population statistics. It would have been interesting to compare these two groups of "Known" and "Unknown" to social agencies to see how helpful the use of the Social Service Index was to the social worker in formulating treatment plans, when she discovered that a family was known to a social agency. However, this comparison could not be made because the writer had no evidence to indicate that the Social Service Index was utilized in every case.

A question might arise as to whether it is good for more than one agency to work with a boy or a family. Perhaps it could be explained



by stating that it is just like a person with a multiplicity of physical ailments, he goes to various specialists, one for each ailment. The same could probably hold true in social work where agencies function for different purposes.

Cooperating Agencies	Number of Cases
No Cooperating Agency Listed on Record	93
Unknown Status Because of No Data	33
Massachusetts General Hospital	62
Boston City Hospital	16
Private Doctor	10
Aid to Dependent Children	
Lyons Hospital	
Maverick Dispensary	
North Boston Night Nursing Clinic	
Eastern Evening Dispensary	
Judge Baker Childcare Center	
Cambridge City Hospital	
Family Welfare Society	
Community Clinicians	
Breastman State Hospital	
Miscellaneous	26
Total	263

\* In 16 of the cases more than one agency cooperated with Burroughs Newboys Foundation, and this would account for the total number of cases being more than 263.

\*\* Five of these cases were interpretations of the diagnosis by the Burroughs Newboys Foundation doctor to the hospital. Twenty three other agencies of our contact each are also included under this heading.



The 91 cases in Table IX

TABLE IX  
AGENCIES WHICH COOPERATED WITH THE BURROUGHS NEWSBOYS  
FOUNDATION IN ATTEMPTING TO AID THE  
BOY WITH HIS REFERRAL PROBLEM

Cooperating Agencies	Number of Cases*
No Cooperating Agency Listed on Record	93
Unknown Status Because of No Data	23
Massachusetts General Hospital	62
Boston City Hospital	16
Private Doctor	10
Aid to Dependent Children	5
Lynn Hospital	4
Maverick Dispensary	4
North Mangin Sight Saving Clinic	3
Boston Evening Dispensary	3
Judge Baker Guidance Center	3
Cambridge City Hospital	3
Family Welfare Society	3
Community Opticians	2
Wrentham State Hospital	2
Miscellaneous**	28
Total	269

\* In 16 of the cases more than one agency cooperated with Burroughs Newsboys Foundation, and this would account for the total number of cases being more than 248.

\*\* Five of these cases were interpretations of the diagnosis by the Burroughs Newsboys Foundation doctor to the boy. Twenty three other agencies of one contact each are also included under this heading.



The 93 cases in Table IX in which no cooperating agencies were listed on the record are explained by the following facts. No cooperating agencies were listed for most of the cases in which a urinalysis recheck was indicated. In some cases a recheck of a questionable condition was indicated in the Burroughs Newsboys Foundation Medical Clinic. In some cases treatment was refused by the boy or family. In 62 cases the Massachusetts General Hospital is listed as a cooperating agency. This hospital is located in the West End section of Boston, and is easily accessible to the greater number of boys who are Foundation members.

It is interesting to note that in only 10 cases did the family avail themselves of a private doctor. This is very low in comparison to the number who used hospitals and clinics to alleviate their conditions. However, this may not be so surprising when one considers that the boys who are members of the Burroughs Newsboys Foundation are employed in street trades and would therefore, in the majority of cases, represent low income groups. Therefore, perhaps more emphasis should be placed in interpreting the need for these boys to attend the Massachusetts General Hospital more frequently, because of its accessibility and the fact that in its medical standards it is rated as one of the highest.



## CHAPTER V

## OUTCOME OF TREATMENT PLANS

In this chapter the writer will analyze the outcome of treatment plans on the basis of age distribution, descent of boys, medical record of boys examined in the Medical Clinic, diagnoses of boys referred to the social worker from the Medical Clinic and knowledge of defects by boy and/or family. However, before presenting this data, a table will be shown which will give the reader an overall picture of the analyses of the procedures used in following up the cases and the participation by the boy and his family.



TABLE X  
OUTCOME OF TREATMENT PLANS

Outcome of Treatment Plans	Number	Percent
Total Cases	247	
Number of Cases in Which No Data Was Available	23	
Number of Cases Analyzed	<u>224</u>	
Recommendations Followed by the Boy	66	
Transferred to Other Agencies for Follow-up	52	
Closed - Family Meeting Problem in Own Way	51	
Closed - Boys to Follow Through Treatment Plans by themselves	<u>11</u>	
Total Number of Cases in Which Treatment Plans Were Likely to be Carried Out	180	80
Closed - Families Failed to Respond to Social Worker	13	
Closed - Boys failed to Respond to Social Worker	8	
Boys or Families Refused Treatment	<u>23</u>	
Total Number in Which There Was no Movement in the Case	44	20



As Table X indicates, there were seven different methods whereby the social worker closed a case, after an awareness of the problem had been brought to the attention of the boy or family. In undertaking this study the writer thought that he might possibly compare the analyses of follow-up treatment during this clinical season with those of other years. However, the writer was unable to find any data which might indicate that there was any uniformity in the closing of cases during these years. Due to this lack of uniformity, a valid comparison cannot be made. It would seem, therefore, that records should be kept according to a plan outlined by the Committee on Statistics of the American Association of Medical Social Workers and the United States Children's Bureau.\*

---

\* U.S. Department of Labor, CHILDREN'S BUREAU, Washington  
Instructions For Monthly Reports of Medical Social Service, Form H-4,  
Social Statistics 1936-38



TABLE XI  
COMPARISON OF YOUNGEST BOYS AND OLDEST BOYS AS TO FOLLOW-UP TREATMENT

Outcome of Treatment Plans	Boys 10 - 12		Boys 16 and Over	
	Number	Percent	Number	Percent
Total Cases				
No. of Cases in which No Data Was Available	66		46	
No. of Cases Analyzed	4		5	
	<u>62</u>		<u>41</u>	
Recommendations Followed by the Boy				
Transferred to Other Agencies for Follow-up	18		11	
Closed - Family Meeting Problem in Own Way	15		8	
Closed - Boys to follow Through Treatment Plans by Themselves	18		5	
<u>Total</u> Number of Cases in Which Treatment Plans Were Likely to be Carried Out	3		1	
	<u>54</u>	87	<u>25</u>	61
Closed - Families Failed to Respond to Social Worker				
Closed - Boys failed to Respond to Social Worker	0		5	
Boys or Families Refused Treatment	0		7	
<u>Total</u> Number of Cases in Which There Was No Movement in the Case	8	13	4	16
				39



An attempt was made to determine whether there were any differences between the youngest boys and oldest boys in the way in which treatment plans were followed up. As Table XI indicates, the youngest age group was more likely to carry out treatment plans than those of the older group. This might be interpreted by the fact that the boys between the ages of 10 - 12 are more under the influence of parental control and guidance, whereas the adolescent boy is at the stage where he assumes that he can think independently for himself and manage to take care of his own problems. A boy of sixteen might think it a threat to his manhood if he acknowledged any physical defect, and this might account for the greater percentage of cases in which there was no movement as contrasted with the younger boys. It might be well to state perhaps, that if a younger boy would develop the habit of having periodic examinations in a clinic, he might not reject treatment recommendations when he reaches the adolescent stage.

in attempts were made to determine whether there were any differences between the youngest boys and oldest boys in the way in which treatment plans were followed up. As Table II indicates, the youngest age group was more likely to carry out treatment plans than those of the older group. This might be interpreted by the fact that the boys between the ages of 10 - 15 are more under the influence of parental control and guidance, whereas the adolescent boy is at the stage where he assumes that he can think independently for himself and manage to take care of his own problems. A boy of sixteen might think it a threat to his manhood if he acknowledged any physical defect, and this might account for the greater percentage of cases in which there was no movement as contrasted with the younger boys. It might be well to state perhaps, that if a younger boy would develop the habit of having periodic examinations in a clinic, he might not reject treatment recommendations when he reaches the adolescent stage.

TABLE XII

## COMPARISON OF BOYS OF ITALIAN DESCENT AND OF THE JEWISH FAITH AS TO FOLLOW-UP TREATMENT

Outcome of Treatment Plans	Italian		Jewish	
	Number	Percent	Number	Percent
Total Cases	123		31	
No. of Cases in Which No Data Was Available	13		1	
No. of Cases Analyzed	<u>110</u>		<u>30</u>	
Recommendations Followed by the Boy	34		9	
Transferred to Other Agencies for Follow-up	30		5	
Closed - Family Meeting Problem in Own Way	20		10	
Closed - Boys to Follow Through Treatment	0		3	
Plans by Themselves				
Total Number in Which Treatment Plans				
Were Likely to be Carried Out	<u>84</u>	76	<u>27</u>	90
Closed - Families Failed to Respond to Social Worker	4		2	
Closed - Boys Failed to Respond to Social Worker	6		0	
Boys or Families Refused Treatment	<u>16</u>		<u>1</u>	
Total Number in which There Was No Movement in the Case	26	24	3	10



In comparing the two descent groups as seen in Table XII, no valid comparison can be made because there are so few boys of the Jewish faith. However, in comparing the boys of Italian descent with the total number of boys in this study as can be seen in Table X, one can see that the total percentages vary very little.

The families of these boys of Italian descent may have previously set health habits which may be a carry-over from their own habits in their native land. Perhaps if these families were more familiar with health education standards in this country, they might have been more willing to accept proposed treatment plans made by the social worker.

TABLE XII

## Outcomes of Treatment Plans

## Total Cases

40% of cases in which no plan was available  
60% of cases assigned

Recommendations followed by boy  
transferred to other agencies for follow-up  
Closed - Family having trouble in New York  
Closed - Boys in Police Through Treatment  
Plans by themselves

School transfer to which treatment plans  
Boys likely to be treated but

Closed - Families failed to respond to  
Social Worker

Closed - Boys failed to respond to Social  
Worker

Boys in families refused treatment

Total number in Italian descent group  
Treatment in the cases



TABLE XIII

COMPARISON OF BOYS KNOWN PREVIOUSLY TO THE BURROUGHS NEWSBOYS FOUNDATION SOCIAL SERVICE DEPARTMENT AND THOSE BOYS REFERRED FOR THE FIRST TIME

Outcome of Treatment Plans	Boys Known		Boys Unknown	
	Number	Percent	Number	Percent
Total Cases	36		136	
No. of Cases in Which No Data Was Available	3		14	
No. of Cases Analyzed	<u>33</u>		<u>122</u>	
Recommendations Followed by Boy	8		35	
Transferred to Other Agencies For Follow-up	15		22	
Closed - Family Meeting Problem in Own Way	1		36	
Closed - Boys to Follow Through Treatment Plans by Themselves	<u>1</u>		<u>11</u>	
Total Number in Which Treatment Plans Were Likely to be Carried Out	25	76	104	85
Closed - Families Failed to Respond to Social Worker	1		8	
Closed - Boys Failed to Respond to Social Worker	2		1	
Boys or Families Refused Treatment	<u>5</u>		<u>9</u>	
Total Number in Which There Was No Movement in the Case	8	24	18	15



The writer was interested in comparing boys who had had contacts in previous years with the Burroughs Newsboys Foundation's Social Service Department and were now again being referred to this Department, to boys who were examined and referred for the first time to the Foundation's Social Service Department to see whether or not one group was more receptive or resistant to treatment plans made by the social worker. However, because of the great differences in numbers to be compared, the writer feels that no valid comparison can be made.

As Table XIII indicates, there were 8 cases known in previous years in which there was no movement. The writer cannot analyze the reasons for lack of movement in these 8 cases, because the system of closing cases by other social workers in previous years was not of a uniform nature and therefore an attempt to compare these cases with past social histories would prove nothing.

The writer was interested in comparing boys who had contacts

in previous years with the Boroughs Newburgh Foundation's Social  
Service Department and were now again being referred to this Department.

to boys who were examined and referred for the first time to the  
Foundation's Social Service Department to see whether or not one group

was more receptive or resistant to treatment plans made by the social

worker. However, because of the great differences in numbers to be

compared, the writer feels that no valid comparison can be made.

As Table XIII indicates, there were 8 cases known in previous

years in which there was no movement. The writer cannot analyze the

reasons for lack of movement in these 8 cases, because the system of

closing cases by other social workers in previous years was not of a

uniform nature and therefore an attempt to compare these cases with

past social histories would prove nothing.

TABLE XIV  
BOYS PRESENTING SERIOUS AILMENTS\*

Outcome of Treatment Plans	Number	Percent
Total Cases	42	
No. of Cases in Which No Data Was Available	3	
No. of Cases Analyzed	<u>39</u>	
Recommendations Followed by Boy	5	
Transferred to Other Agencies for Follow-up	15	
Closed - Family Meeting Problem in Own Way	9	
Closed - Boys to Follow Through Treatment Plans by Themselves	1	
Total Number in Which Treatment Plans Were Likely to be Carried Out	<u>30</u>	77
Closed - Families Failed to Respond to Social Worker	3	
Closed - Boys Failed to Respond to Social Worker	1	
Boys or Families Refused Treatment	5	
Total Number in Which There Was No Movement in the Case	<u>9</u>	23

\*Writer's subjective opinion. These serious defects include: general cardiac, rheumatic heart disease, contagious skin condition, question of Froelich's syndrome, blind in one eye, phimosis, suspected lead colic, tuberculosis suspect, moderate hypertension, question of rheumatic fever, hernia, questionable case of epilepsy, enlarged spleen, and check on blood count.



A special study was made of the cases which seemed to the writer as serious and to compare the percentage in which treatment was to be followed up with the whole group. As Table XIV indicates, there was no movement in 9 cases, in which the boys presented serious ailments, a figure representing 30 per cent of the total in this table. This percentage is higher than the overall picture of the cases in this study, as can be seen in Table X. It seems that this number is quite large for boys with ailments of a serious nature. The writer in analyzing each of these 9 cases found the following: in 2 cases of Phimosis in which circumcisions were advised, the boys were afraid of operations; 1 boy with a condition of rheumatic heart disease was afraid of doctors although mother claimed that she did not know the reason for his fear; in 1 case of a boy blind in one eye, the mother expressed bitter resentment against doctors and hospitals and claimed that this condition was due to a strabismus operation when the boy was seven years old; 1 boy with a condition of hydrocele was a recently arrived immigrant who had never been to clinics either in the United States or in his native country (his mother was still in her native country and he was living with his father and older brother who were railroad workers); of the 4 other cases the records merely indicated that there was no movement because three families failed to respond to social worker and in one case a boy failed to do so.

These findings might indicate that more interpretation, explanation, and analysis of defects to boy and/or family by the social worker is necessary in order to acquaint them with the need for treatment.

A special study was made of the cases which seemed to the writer as serious and to compare the percentage in which treatment was to be followed up with the whole group. As Table XIV indicates, there was no movement in 2 cases, in which the boys presented serious ailments, a figure representing 33 per cent of the total in this table. This percentage is higher than the overall picture of the cases in this study, as can be seen in Table X. It seems that this number is quite large for boys with ailments of a serious nature. The writer in analyzing each of these 2 cases found the following: in 2 cases of rhinosis in which operations were advised, the boys were afraid of operations; 1 boy with a condition of rheumatic heart disease was afraid of doctors although mother claimed that she did not know the reason for his fear; in 1 case of a boy blind in one eye, the mother expressed bitter resentment against doctors and hospitals and claimed that this condition was due to a strabismus operation when the boy was seven years old; 1 boy with a condition of hydrocele was a recently arrived immigrant who had never been to clinics either in the United States or in his native country (his mother was still in her native country and he was living with his father and older brother who were railroad workers); of the 4 other cases the records merely indicated that there was no movement because three families failed to respond to social worker and in one case a boy failed to do so.

These findings might indicate that more interpretation, explanation, and analysis of defects to boy and/or family by the social worker is necessary in order to acquaint them with the need for treatment.

TABLE XV  
BOYS DIAGNOSED AS HAVING DEFECTIVE VISION

Outcome of Treatment Plans	Number	Percent
Total Cases	109	
No. of Cases in Which No Data Was Available	10	
No. of Cases Analyzed	<u>99</u>	
Recommendations Followed by Boy	26	
Transferred to Other Agencies for Follow-up	16	
Closed - Family Meeting Problem in Own Way	30	
Closed - Boys to Follow Through Treatment Plans by Themselves	6	
<u>Total Number in Which Treatment Plans Were Likely to be Carried Out</u>	<u>78</u>	79
Closed - Families Failed to Respond to Social Worker	4	
Closed - Boys Failed to Respond to Social Worker	4	
Boys or Families Refused Treatment	13	
<u>Total Number in Which There Was No Movement in the Case</u>	<u>21</u>	21



As Table XV indicates, there were 99 cases diagnosed as having defective vision. Considering the total number of cases analyzed in this study as can be seen in Table X, this number might seem to represent a greater percentage of defective vision cases than one would ordinarily expect to find. This might be explained by the fact that the eye examinations are not administered by an optometrist or the doctor in the Clinic but by a layman, whose judgments might not be as accurate and dependable as a professional examiner's.

From the data of the cases in which there was no movement, it would seem as though there were a serious problem of resistance by the child and adolescent boy to the wearing of glasses. It does not seem as though this problem was in the cost of obtaining glasses, but rather that the boys object to wearing them and that it hurts the pride of the adolescent boy to be seen wearing glasses by his "gang."

The data seems to indicate also that remedial work is difficult at this age, and there seems to be a need for further study and more educational work along these lines.



TABLE XVI

## BOYS PRESENTING QUESTIONABLE ABNORMALITIES OF URINALYSIS ON FIRST EXAMINATION\*

Outcome of Treatment Plans	Number	Percent
Total Cases	51	
No. of Cases in Which No Data Was Available	4	
No. of Cases Analyzed	<u>47</u>	
Recommendations Followed by Boy	21	
Transferred to Other Agencies for Follow-up	6	
Closed - Family Meeting Problem in Own Way	11	
Closed - Boys to follow Through Treatment Plans by Themselves	4	
<u>Total Number in Which Treatment Plans Were Likely to be Carried Out</u>	<u>42</u>	89
Closed - Families Failed to Respond to Social Worker	1	
Closed - Boys Failed to Respond to Social Worker	2	
Boys or Families Refused Treatment	2	
<u>Total Number in Which There Was No Movement in the Case</u>	<u>5</u>	11

\* These include questionable cases of albuminuria and glycosuria.

A preliminary, as part of the national examination, is not scheduled as in the Boston Public Schools. This type of examination is given in the language department in the public schools. A study was made of the boys who presented particular cases of abnormality and abnormality in their VII sections, recommendations were likely to be carried out in its name. This seems to be of importance, and perhaps that a preliminary should be included in the school curriculum.

A urinalysis, as part of the medical examination, is not administered in the Boston Public Schools.\* This type of examination is given in the Burroughs Newsboys Foundation Medical Clinic. A study was made of the boys who presented questionable cases of albuminuria and glycosuria. As Table XVI indicates, recommendations were likely to be carried out in 42 cases. This seems to be of importance, and suggests that a urinalysis should be included in the school examination.

---

\* A statement made to the writer by Dr. James A. Keenan, Director of School Hygiene

A urinalysis, as part of the medical examination, is not administered in the Boston Public Schools. This type of examination is given in the Burroughs Kew-Forest Medical Clinic. A study was made of the boys who presented questionable cases of albuminuria and glycosuria. As Table XVI indicates, recommendations were likely to be carried out in 43 cases. This seems to be of importance, and suggests that a urinalysis should be included in the school examination.

TABLE XVII

COMPARISON OF BOYS AND/OR THEIR FAMILIES WHO KNEW OF THEIR MEDICAL DEFECTS PRIOR TO EXAMINATION IN THE BURROUGHS NEWSBOYS FOUNDATION CLINIC WITH THOSE WHO HAD NOT KNOWN OF SUCH DEFECTS

Outcome of Treatment Plans	Defects Known		Defects Unknown	
	Number	Percent	Number	Percent
Total Cases	79		24	
No. of Cases in Which No Data Was Available	5		0	
No. of Cases Analyzed	<u>74</u>		<u>24</u>	
Recommendations Followed by Boy	11		6	
Transferred to Other Agencies for Follow-up	30		6	
Closed - Family Meeting Problem in Own Way	14		8	
Closed - Boys to Follow Through Treatment	4		1	
Plans by Themselves				
<u>Total Number in Which Treatment Plans</u>	<u>59</u>	<u>80</u>	<u>21</u>	<u>87</u>
<u>Were Likely to be Carried Out</u>				
Closed - Families Failed to Respond to Social Worker	5		0	
Closed - Boys Failed to Respond to Social Worker	1		0	
Boys or Families Refused Treatment	9		3	
<u>Total Number in Which There Was No</u>	<u>15</u>	<u>20</u>	<u>3</u>	<u>13</u>
<u>Movement in the Case</u>				



The question was raised as to whether boys who or whose families knew of their defects previous to medical examination in the Burroughs Newboys Foundation were more likely to follow through with treatment plans. As Table XVII indicates, 80 per cent of the boys and/or their families who knew of their defect or defects previous to examination in Burroughs Newsboys Foundation Clinic were likely to follow through with proposed treatment plans as made by the social worker. Of those cases who had no previous knowledge of their defect or defects, 87 per cent were likely to follow through with treatment plans. Because of the small number of cases in which the boys and/or their families did not know of their defect or defects, no difference between the two groups could be shown. However, the writer feels that an analysis of the group who did not know of their defect or defects gives one "food for thought."

The defects of the 24 boys are as follows: 6 cases of defective vision, 4 cases of rheumatic heart disease, 1 boy with a questionable condition of rheumatic fever, 2 cases of phimosis, 2 cases of nasal obstruction, 3 cases of questionable glycosuria, 3 cases of questionable albuminuria, 1 boy with a condition of infantile genitalia, 1 boy with a hydrocele, 1 boy with a question of Froehlich's Syndrome, 1 boy with a ringworm of the neck, 1 boy with an undescended testicle, and 1 boy with a dilated right inguinal ring. This total is not equivalent to the number of boys, since in 3 cases the boys had two defects each.

In view of the relative seriousness of these cases, with its high percentage of successful completion of treatment indicated, it would seem that the examination at the Burroughs Newboys Foundation Medical Clinic is performing a worthwhile function in pointing out these defects that might otherwise have gone unnoticed.

The question was raised as to whether boys who or whose families knew of their defects previous to medical examination in the Burroughs Newsboys Foundation were more likely to follow through with treatment plans. As Table XVII indicates, 60 per cent of the boys and/or their families who knew of their defect or defects previous to examination in Burroughs Newsboys Foundation Clinic were likely to follow through with proposed treatment plans as made by the medical worker. Of these cases who had no previous knowledge of their defect or defects, 87 per cent were likely to follow through with treatment plans. Because of the small number of cases in which the boys and/or their families did not know of their defect or defects, no difference between the two groups could be shown. However, the writer feels that an analysis of the group who did not know of their defect or defects gives one "food for thought."

The defects of the 24 boys are as follows: 6 cases of defective vision, 1 case of rheumatic heart disease, 1 boy with a questionable condition of rheumatic fever, 2 cases of rhinitis, 2 cases of nasal obstruction, 3 cases of questionable glycosuria, 3 cases of questionable albuminuria, 1 boy with a condition of infantile genitalia, 1 boy with a hydrocele, 1 boy with a question of Froehlich's Syndrome, 1 boy with a ringworm of the neck, 1 boy with an undescended testicle, and 1 boy with a dilated right inguinal ring. This total is not equivalent to the number of boys, since in 3 cases the boys had two defects each. In view of the relative seriousness of these cases, with the high percentage of successful completion of treatment indicated, it would seem that the examination at the Burroughs Newsboys Foundation Medical Clinic is performing a worthwhile function in pointing out these defects that might otherwise have gone unnoticed.

## CHAPTER VI

## CONCLUSIONS

The purpose of this study was to determine just how the Department of Medical Social Work fills a need in an organization such as the Burroughs Newsboys Foundation which is a boys' work agency, restricting its membership to boys employed in street trades.

The study of the outcome of treatment plans showed that in 180 or 80 per cent of the 224 cases analyzed, treatment plans were likely to be carried out as a result of the social service follow-up. This seems to be a reasonably successful result of the referral of cases and to show that the Department of Medical Social Work is performing its function of interpreting the need for follow-up treatment plans to the boys and/or their families.

An attempt was made to analyze the outcome of treatment plans on the basis of age distribution, descent of boys, previous examination and previous knowledge of defects. These analyses show percentages of successful results so similar to the percentages of the total number of referrals that no conclusions can be drawn. The factors analyzed seemed to make no difference in the situations.

The analysis of results of treatment plans for the most common diagnosis, defective vision, indicates that there is a serious problem of resistance to the wearing of glasses because of pride, and that there is need for further study of the way to handle this problem.

The analysis of the outcome in 39 cases of ailments which seemed to the writer most serious, indicates a higher percentage of failure to get results than the percentage for all cases. This seems to indicate the need for special interpretation and special action in these more serious cases.

## CHAPTER VI

### CONCLUSIONS

The purpose of this study was to determine just how the Department of Medical Social Work fills a need in an organization such as the Burroughs Newspaper Foundation which is a boys' work agency, restricting its membership to boys employed in street trades.

The study of the outcome of treatment plans showed that in 100 or 80 per cent of the 224 cases analyzed, treatment plans were likely to be carried out as a result of the social service follow-up.

This seems to be a reasonably successful result of the referral of cases and to show that the Department of Medical Social Work is performing its function of interpreting the need for follow-up treatment plans to the boys and/or their families.

An attempt was made to analyze the outcome of treatment plans on the basis of age distribution, descent of boys, previous examination and previous knowledge of defects. These analyses show percentages of successful results so similar to the percentages of the total number of referrals that no conclusions can be drawn. The factors analyzed seemed to make no difference in the situation.

The analysis of results of treatment plans for the most common diagnosis, defective vision, indicates that there is a serious problem of resistance to the wearing of glasses because of pride, and that there is need for further study of the way to handle this problem.

The analysis of the outcome in 39 cases of ailments which seemed to the writer most serious, indicated a higher percentage of failure to get results than the percentage for all cases. This seems to indicate the need for special interpretation and special action in these more serious cases.

A significant point brought out in this study is the fact that there were 24 boys who did not know of their defects prior to the examination in the Burroughs Newsboys Foundation Medical Clinic. Twenty-one of these boys attempted to follow through treatment plans suggested by the social worker after the problem had been brought to their attention as a result of the medical examination.

The following recommendations are made as a result of this study:

1. A more standardized method of recording should be instituted in the Social Service Department. If this were done, it might be possible to examine the reasons for resistance to social worker's plans for treatment and an attempt might be made to analyze the questions involved.

2. The need for more efficient means of diagnosing eye conditions is indicated. The writer feels that more educational work dealing with this problem should be instituted and studied by a mutual co-operation of the home, school, church, settlement, etc.

3. There is a need to correlate medical with social data. This can be succinctly stated by the following:

Medical social treatment is the process of attaining the medical-social objectives formulated in collaboration with the physician and the patient. Treatment will be based upon social study of the personality and the environment of the patient in relation to his illness. A full social study (social examination) should reveal the social and psychological factors influencing the physical and mental health of the patient. Social problems coexistent with the health conditions may also be discovered.<sup>1</sup>

4. A standardized form of the diagnoses made by the doctor in the Medical Clinic should be sent to the family of each boy examined. In this manner the positive side of health could also be stressed.

---

<sup>1</sup>U.S. Department of Labor, Children's Bureau, Washington, Medical Social Service, Form H-4, Social Statistics 1937

A significant point brought out in this study is the fact that there were 25 boys who did not know of their defects prior to the examination in the Harrogate Newboys Foundation Medical Clinic. Twenty-one of these boys attempted to follow through treatment plans suggested by the social worker after the problem had been brought to their attention as a result of the medical examination.

The following recommendations are made as a result of this study:

1. A more standardized method of recording should be instituted in the Social Service Department. If this were done, it might be possible to examine the reasons for resistance to social worker's plans for treatment and an attempt might be made to analyze the questions involved.
2. The need for more efficient means of diagnosing eye conditions is indicated. The writer feels that more educational work dealing with this problem should be instituted and studied by a mutual co-operation of the home, school, church, settlement, etc.
3. There is a need to correlate medical with social data. This

can be succinctly stated by the following:

Medical social treatment is the process of obtaining the medical-social objectives formulated in collaboration with the physician and the patient. Treatment will be based upon social study of the personality and the environment of the patient in relation to his illness. A full social study (social examination) should reveal the social and psychological factors influencing the physical and mental health of the patient. Social problems consistent with the health conditions may also be discovered.

4. A standardized form of the diagnosis made by the doctor in the Medical Clinic should be sent to the family of each boy examined. In this manner the positive side of health could also be stressed.

On the basis of the findings in this study, there is a vital need for further curative, preventive, and educational programs of work to be done with young children in the community. Other youth agencies could very well profit by establishing Medical Social Service Departments, as a part of their programs.

Lambert, Adrian V.S., A Terminology Of Disease. Third edition revised, New York: Hoeber, 1935

Lodge, George, "A Survey Of The Burroughs' Newspapers Foundation," a mimeographed report made at the Burroughs' Newspapers Foundation, Boston, Mass., 1933

U.S. Department of Labor, CHILDREN'S BUREAU, Washington Medical Social Service, Form M-4, Social Statistics 1937

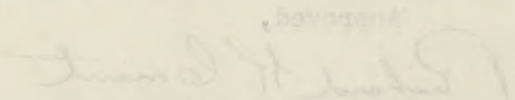
U.S. Department of Labor, CHILDREN'S BUREAU, Washington Instructions for Monthly Reports of Medical Social Service, Form M-4, Social Statistics 1938-39

Approved,

*Richard K. Conant*  
Richard K. Conant, Dean

BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK  
LIBRARY

On the basis of the findings in this study, there is a vital need for further curative, preventive, and educational programs of work to be done with young children in the community. Other youth agencies could very well profit by establishing Medical Social Service Departments, as a part of their programs.

Approved,  
  
Richard F. Conant, Dean

## BIBLIOGRAPHY

American Youth Council on Education, A General Report of the American Youth Commission, Youth And The Future. p. 155

Burroughs, Harry E., Boys In Mens Shoes. New York: The MacMillan Company, 1944

Davis, Michael M., Clinics, Hospitals And Health Centers. New York and London: Harper & Brothers, 1927

Lambert, Adrian V.S., A Terminology Of Disease. Third edition revised; New York: Hoeber, 1926

Lodgen, George, "A Survey Of The Burroughs Newsboys Foundation,"  
A mimeographed report made at the Burroughs Newboys Foundation, Boston, Mass., 1933

U.S. Department of Labor, CHILDREN'S BUREAU, Washington Medical Social Service, Form H-4, Social Statistics 1937

U.S. Department of Labor, CHILDREN'S BUREAU, Washington Instructions for Monthly Reports of Medical Social Service, Form H-4, Social Statistics 1936-38

BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK  
LIBRARY



## APPENDIX

## SCHEDULE FOR CASES

- I Name of boy
- II Age
- III Nationality of parents
- IV First examination
- V Reason for referral to Social Service Department
- VI Was defect known to boy or family at the time of the medical examination in the Foundation
- VII Does record indicate knowledge of defect
- VIII How did Social Service operate
  - a. Letter
  - b. Home visit
  - c. Other methods
- IX Were there any other social problems of the families
- X Was the boy or family known to other social agencies
- XI Which agencies cooperated with the Foundation in attempting treatment plans for the boys
- XII What are the results of the contacts with the social worker















BOSTON UNIVERSITY



1 1719 02554 6112

